



DEPARTMENT OF CORRECTIONS POLICIES AND PROCEDURES

Policy No.: DOC 1.3.43	Subject: ESSENTIAL PERSONNEL
Chapter 1: ADMINISTRATION AND MANAGEMENT	Page 1 of 2, plus attachment
Section 3: Personnel	Revision Date:
Signature: /s/ by Director Rick Day 2/3/98	Effective Date: June 1, 1998

I. POLICY:

It is the policy of the Montana Department of Corrections to ensure the continuation of essential services, regardless of emergencies, through the identification of essential personnel who have a higher order of responsibility for reporting for duty.

II. AUTHORITY:

53-1-203, MCA. Powers and Duties of Department of Corrections
3-0320, Disaster and Emergency Leave (Montana Operations Manual, Volume III)

III. DEFINITIONS:

Emergency means a situation/problem which is life threatening, may not be contained by on-duty staff, and/or which may require the assistance of off-duty staff or outside personnel.

Disaster, as defined in 10-3-103, MCA, means the occurrence or imminent threat of widespread damage, injury, or loss of life or property resulting from any natural or man-made cause, including tornadoes, windstorms, snowstorms, wind-driven water, high water, floods, wave action, earthquakes, landslides, mudslides, volcanic action, fires, explosions, or air or water contamination requiring emergency action to avert danger or damage, blight, droughts, infestations, riots, sabotage, hostile military or paramilitary action, or accidents involving radiation by-products or other hazardous materials.

Essential Personnel means those employees whose presence on the job is necessary in order to prevent disruption of services essential to protecting the public, sustaining Department operations or ensuring the safety or security of offenders, staff, or visitors.

Policy No.: DOC 1.3.43	Chapter: Administration and Management	Page 2 of 2
Subject: ESSENTIAL PERSONNEL		

IV. PROCEDURES:

A. Identification

Each Facility/Program Administrator will submit to the Department Director a roster of position classifications that have been designated as essential in that facility/program. The roster will be updated as changes occur and will be reviewed annually to ensure accuracy. The Director will identify other positions in the Helena Office considered essential to the overall operation of the Department. In accordance with DOC 3.2.1, each facility will have a recall roster for essential personnel. Job postings for all positions designated as essential will indicate such at the time of recruitment.

B. Notification

All personnel in classifications designated as Aessential@ will be required to acknowledge in writing their awareness and willingness to comply with this policy. The written acknowledgment will be placed in the employee's personnel file ([see attachment](#)).

C. Availability

Staff in essential position classifications will be available to work as required by their daily schedule regardless of emergency situations that may exist in the community or at the facility/program to which they are assigned.

In a time of emergency, essential personnel will remain on duty at their assigned facility until officially relieved. Essential personnel who are unable to report to work due to hazardous travel conditions or other emergencies will immediately notify the facility/program and follow instructions issued by the supervisor on duty.

V. CLOSING:

Questions concerning this policy shall be directed to the immediate supervisor.

ESSENTIAL PERSONNEL NOTIFICATION

I acknowledge that I have been notified by the Montana Department of Corrections that I am currently filling a position that is considered essential to the operation of a Department facility or program.

- , I agree to be available to work as required by my daily schedule, regardless of emergency situations that may exist in the community or at the Facility/Program.
- , At the time of emergency, I will remain on duty at my assigned post until relieved by the Facility/Program Administrator.
- , If I am unable to report to work due to hazardous travel conditions or other emergencies, I will immediately notify the Facility/Program and follow instructions issued by the supervisor on duty.

Name of Employee

Title

Signature of Employee

Date

Signature of Supervisor

Date